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CA NUMBER: PCT/ US98 / 11224 IA FILING DATE: 05 / 22 / 98  
FAMILY NAME: PALLAS DELAY WAIVED (Y/N): Y  
GIVEN NAME: MICHAEL C DEMAND RECEIVED (Y/N): Y  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 05 / 23 / 97  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: 5525-0035.10 COUNTRY: USX  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000  
FAX 0000000000  
NAME: DEHLINGER & ASSOCIATES  
STREET: PO BOX 60850  
CITY: PALO ALTO  
STATE/COUNTRY: CA ZIP: 943061546  
EMAIL:  
APPLICATION TITLES:  
SYSTEM AND APPARATUS FOR SEQUENTIAL PROCESSING OF  
ANALYTES

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 7475

<b>SERIAL NUMBER</b> 09/424,028	<b>FILING DATE</b> 11/16/1999 <b>RULE</b>	<b>CLASS</b> 356	<b>GROUP ART UNIT</b> 2877	<b>ATTORNEY DOCKET NO.</b> 5525-0035.10
<b>APPLICANTS</b> JOHN BRIDGHAM, HILLSBOROUGH, CA; KEVIN CORCORAN, FREMONT, CA; GEORGE GOLDA, EL GRANADA, CA; MICHAEL C. PALLAS, SAN BRUNO, CA; SYDNEY BRENNER, CAMBRIDGE, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/US98/11224 05/22/1998				
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA 08/862610 05/23/1997				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 03/13/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 7
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 22918				
<b>TITLE</b> SYSTEM AND APPARATUS FOR SEQUENTIAL PROCESSING OF ANALYTES				
<b>FILING FEE RECEIVED</b> 1222	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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